

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Candy Windsor				2a. CONTACT PHONE NUMBER (415) 693-2434			3. CONTACT EMAIL ADDRESS cwindsor@cooley.com								
1b. ATTORNEY NAME (if different) Tiffany Lin				2b. ATTORNEY PHONE NUMBER (415) 693-2530			3. ATTORNEY EMAIL ADDRESS tiffany.lin@cooley.com								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Cooley LLP 3 Embarcadero Center, 20th Floor San Francisco, CA 94111				5. CASE NAME Frasco, et al. v. Flo Health, Inc., et al.					6. CASE NUMBER 21-cv-00757-JD						
				8. THIS TRANSCRIPT ORDER IS FOR:											
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Lee-Anne Shortridge				<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
12/04/2025	JD	Prelim	Full	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: Type - Preliminary Approval hearing															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE					
11. SIGNATURE /s/ Tiffany Lin										12/05/2025					

Clear Form

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